

Missouri's

Juvenile Offender Risk & Needs Assessment and Classification System

User Manual

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Administrator

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A NEW SYSTEM

The Missouri Juvenile Offender Risk & Needs Assessment scales are part of a comprehensive classification strategy for managing youthful offenders referred to juvenile and family courts across the state. This strategy was developed by the Office of State Courts Administrator (OSCA) pursuant to Subdivision 4 & 5 of Section 211.326.1, 211.141.4, and 211.141.5 RSMo. Supp. 1995. The full strategy provides a standardized method of assessing juvenile offenders according to their level of risk for future delinquency, a classification matrix for linking these offenders to a set of graduated sanctions designed to reduce risk potential, and a method of assessing the psychosocial needs of juvenile offenders.

Typically, juvenile justice practitioners are required to make decisions about the likelihood that a youth will engage in future criminal behavior in order to determine an appropriate means for handling a case. They also routinely conduct informal evaluations of clients' needs that may be linked to delinquency and related problems. Lacking formal objective tools for these tasks, most practitioners rely on professional judgment that is based on their experiences, knowledge, and philosophies regarding delinquent behavior. While professional judgement should play a role in case-management, when it is the sole means for such decisions, it can result in wide disparity in the disposition of cases, and how resources are allocated.

BACKGROUND AND DEVELOPMENT

In 1996, The Office of State Courts Administrator applied for and received a Missouri Challenge

Grant to fund development of a classification strategy that includes standardized risk and needs assessment scales. Upon award of the grant, an extensive literature review on the topic of risk assessment was undertaken in order to identify whether an existing or copyrighted classification system could meet the needs of Missouri Juvenile and Family Courts. This review was carried out with the aid of several comprehensive databases that provided access to articles from scholarly journals, other periodicals, and conference papers that address issues in criminal justice and related disciplines.

A well-designed classification strategy explicates the decision-making process, promotes case-management practices, and balances public safety concerns with the need to use resources efficiently. Objective classification systems are superior to informal, discretionary assessments in that they can:

- 1) Promote consistent decisions regarding level of supervision, treatment planning, and program placement;
- 2) Reduce threat to public safety by ensuring that those offenders who present an unacceptable risk to society are confined in secure setting and/or placed under intensive supervision; and by reducing the likelihood of future criminal acts committed by all types of youthful offenders through preventive programming;
- 3) Reduce inequities in case-handling by insuring that individuals with similar histories and patterns of behavior are not treated differently;
- 4) Minimize resource waste and inefficiency;
- 5) Assist in distributing workload across staff; and
- 6) Serve as a basis for determining types and amounts of court and community services

Three major findings emerged from the literature review.

- First, empirical research based on established psychosocial theories regarding development and delinquent behavior has repeatedly identified a “core” set of variables that are linked to delinquency. These variables include social and environmental influences, individual characteristics, and emerging patterns of behavior. More broadly speaking, these variables are of two general types: (a) risk factors—those variables that increase the likelihood of future delinquency, and (b) protective factors—those variables that decrease the likelihood of future delinquency.
- Second, there are several well-designed assessment tools that make use of these core variables. Many of these have been validated with juvenile offenders. A valid instrument is one that does what it purports to do. A juvenile risk assessment scale would be considered valid if it could accurately distinguish between youth according to the probability that they will engage in delinquent behavior.
- The third important finding was that there are differences in the exact configurations of variables, the strength of the relationship between these variables and delinquency, and how cut-off scores are established and used to classify offenders into different risk levels. These are a function of differences in populations from region to region, as well as variations in laws and agency policies that affect juvenile offenders. This finding

underscores the importance of validating any instrument using the population for which it is intended.

MISSOURI RISK ASSESSMENT SCALE

The development of the MO Risk Assessment Scale was guided by the Risk Assessment Committee, comprised primarily of representatives from Missouri Juvenile and Family Courts, Missouri Department of Youth Services, and Missouri Juvenile Justice Association. The primary objective of the committee was to create an instrument that permits the accurate classification of youths referred to Missouri juvenile courts according to the probability that they will re-offend. The final product:

- 1) Reflects current research findings so that the most predictive variables are included, and those variables that have a weak or inconclusive relationship with recidivism are not included
- 2) Reflects the experience of juvenile practitioners who work with Missouri’s youth
- 3) Is intended to be straightforward and simple to use
- 4) Includes definitions that set forth standardized criteria for each variable, to promote consistency in scoring, and increase the reliability and validity of the scale.

The scale was built using the “core” risk factors. The format was modeled after several instruments used by the Missouri Juvenile and Family Courts and others that were developed by the National Council on Crime and Delinquency for use with

juvenile offenders throughout the United States. The Risk Assessment Committee offered recommendations regarding the configuration, relative weight, and definitions for each of the risk factors.

MISSOURI RISK CLASSIFICATION MATRIX

To coincide with the Risk Assessment Scale, the Risk Assessment Committee designed a risk classification matrix. This classification matrix assists juvenile justice professionals in linking juvenile offenders with different risk potentials and offense types to a set of appropriately graduated sanctions. Using sanctions outside those recommended within the matrix is permitted when unusual case circumstances are evident, however, the use of these discretionary alternatives requires an explanation.

MISSOURI NEEDS ASSESSMENT SCALE

The final component of a comprehensive classification strategy is a needs assessment. A needs assessment serves a different function than a risk assessment. Whereas a risk assessment permits classification of youths in terms of the probability of recidivating, a needs assessment is intended to:

- 1) Offer an overview of the level of seriousness of juvenile psychosocial needs
- 2) Assist in developing a treatment plan to address these needs
- 3) Provide a basis for establishing workload priorities
- 4) Aid agency administrators in evaluating resource availability and planning for service

delivery based on aggregate data generated from the assessments.

The format for the MO Needs Assessment Scale and the types of variables included were adopted from instruments used by Missouri Juvenile and Family Courts and others that were developed by the National Council on Crime and Delinquency. The Risk Assessment Committee tailored the scale to the needs of Missouri juvenile offenders.

The following section contains guidelines and instructions for completing the risk and needs assessment forms, and for placing the juvenile within the parameters of the classification matrix. It is imperative that the risk and needs scales be completed in accordance with the instructions provided. Improper use of the scales can result in inappropriate and inconsistent case-management decisions. Please read and follow all instructions carefully.



Chapter 2

Guidelines for Completing a Risk Assessment

The Missouri Juvenile Risk Assessment Scale is designed to assess the **relative** likelihood that a juvenile referred to the Court for a status or law offense will return on a new offense referral. The risk assessment scale is to be administered by a Juvenile Officer, Deputy Juvenile Officer, or Juvenile Court personnel trained in the use of the instrument.

GUIDELINES:

- An initial risk assessment **must** be completed on:
 - 1) All juveniles for whom a status or law referral meets the definition of legal sufficiency (allowing administrative action to proceed,) **and** the juvenile and parent or primary caretaker have attended an informal adjustment conference; and
 - 2) All juveniles **proceeding** to adjudication.
- When multiple referrals result from a number of offenses committed within a relatively brief period of time (days), or are related to the same set of circumstances, the most serious offense should assume priority as the major allegation and only one risk assessment needs to be completed. The remaining allegations should be associated to the major allegation.
- Additional risk assessments **must** be completed when a:
 - 1) Juvenile under supervision receives a new status or law referral that **increases**/her level of risk and an additional disposition or sanction will be applied.
 - 2) Juvenile's file is closed, then reopened owing to a new status or law referral.
- Risk Assessment **should not** be used to determine whether a case should proceed informal/formal, nor should it be used to determine whether certification is appropriate.
- Additional risk assessments **should not** be completed for **technical** violations of supervision if the violation does not result from a new referral for a status or law offense. Typically, technical violations are related to non-compliance with treatment recommendations, or a failure to complete treatment programs. Since technical violations alone do not alter the juvenile's risk score, a new risk assessment is not necessary. Referrals for technical violations should be associated to the referral for which the juvenile received supervision.
- To insure accurate and consistent scoring of the risk items, it is **critical** for users to refer to the Risk Item Definitions on pages 2-4 through 2-7 of Chapter 2 in this manual, or in the software Help Text. Users also can insure that they are scoring the risk items accurately by using the Risk and Needs Scales Structured interview provided in Chapter 5 of this manual.



Instructions for Completing Risk Assessment Form

Instructions for completing Risk Form:

- The individual responsible for completing a risk assessment should:
 - 1) Fill in all the information requested at the top of the form completely and accurately.
 - 2) Score the juvenile on each risk factor, using the definitions on pages 2-4 through 2-7 of this manual. Use of the structured interview provided for you in Chapter 5 will further assist in answering the required risk factors more accurately.
 - 3) Add the scores on each factor and record the total in the Risk Score Box and refer to the Risk Level to determine the risk level for a given juvenile offender.
 - 4) Check the box if a Motion to Dismiss for Certification is sustained.
 - 5) Check the appropriate Action Taken, either Informal Adjustment or Formal Process/Adjudication.
 - 6) Refer to the Risk Classification Matrix instructions and definition on pages 4-2 through 4-5 of this manual for directions on locating the recommended sanction that corresponds to risk score and level of offense severity. Check **all** sanctions applied in the appropriate area on the risk form.
 - 7) If a sanction applied does not appear among the matrix options, check the space “other” and provide a reason for not applying a recommended sanction.
 - 8) Check **all** services offered in the appropriate area.
 - 9) If custody was transferred to Division of Family Services or Department of Mental Health, record this event in the space provided.
- If information reported by the juvenile or parent or caretaker conflicts with the official record, rely on the official record.
- When the risk definitions do not describe a juvenile’s exact circumstances, the definition that most closely matches the circumstances should be chosen.
- If you make copies of the Risk and Needs Assessments for use during an interview, you may want to duplex the risk and the needs assessment forms.

JUVENILE NAME _____ JUVENILE ID# _____
 JUVENILE DATE OF BIRTH ____/____/____ SEX ____ M ____ F SS# ____-____-____
 RACE: ____ WHITE ____ BLACK ____ HISPANIC ____ ORIENTAL ____ AMERICAN INDIAN ____ OTHER ____
 PARENT NAME _____ SS# ____-____-____

PRESENT OFFENSE CODE (List multiple offenses) _____
 DATE REFERRAL RECEIVED ____/____/____ DATE FORM COMPLETED ____/____/____
 COUNTY _____ CIRCUIT _____ JUVENILE OFFICER _____

Age at 1st Referral

16 -2
 15 0
 14 0
 13 0
 12 and under 1

Prior Referrals

None 0
 One or more 2
 (Actual number of referrals _____)

Assault Referrals

No prior or present referrals
 for assault 0
 One or more prior or present
 referral for misdemeanor assault 1
 One or more prior or present referrals
 for felony assault 2
 (Actual number of referrals _____)

History of Placement

No prior out-of-home placement 0
 Prior out-of-home placement 1

Peer Relationships

Neutral influence 0
 Negative influence 1
 Strong negative influence 2

History of Child Abuse

No history of child abuse/neglect 0
 History of child abuse/neglect 1
 (Petition filed/DFS finding probable
 cause)

Substance Abuse

No alcohol or drug abuse problem 0
 Moderate alcohol and/or drug
 abuse problem 1
 Severe alcohol and/or drug
 abuse/dependence 2

School Attendance/Disciplinary

No or only minor problems -1
 Moderate problems 0
 Severe problems 1

Parental Management Style

Effective management style 0
 Moderately ineffective management
 style 1
 Severely ineffective management
 style 2

Parental History of Incarceration

No prior incarceration 0
 Prior incarceration 1

RISK SCORE:

RISK LEVEL:

8 & above= High Risk
1 – 7 = Moderate Risk
-3 – 0 = Low Risk

**Motion to dismiss for
certification sustained:**

Check action taken (one):

_____ Informal Adjustment
 _____ Formal Process/Adjudication

REFER TO MATRIX.**Check all sanctions applied.**

_____ None
 _____ Warned/Counseled
 _____ Restitution
 _____ Community Service
 _____ Court Fees & Assessment
 _____ Supervision
 _____ Day Treatment
 _____ Intensive Supervision
 _____ Court Residential Placement
 _____ Commitment to DYS
 _____ Other: _____

**If the primary sanction(s) applied
were not recommended in the matrix,
check one of the following reasons for
not using a recommended sanction:**

_____ Nature of the offense
 _____ Severity of problems associated
 with one or more risk factors
 _____ Mitigating or aggravating
 circumstances
 _____ Judicial decision

Check all services offered/provided:

_____ None
 Prevention & Education Programs
 _____ G.E.D. classes
 _____ Tutoring
 _____ Mentoring
 _____ Vocational training
 _____ Shoplifters' program
 _____ Drug & alcohol
 awareness programs
 Intervention Programs
 _____ Family counseling
 _____ Individual counseling
 _____ Substance abuse groups
 _____ Sex offender programs
 _____ Other: _____

Custody to:

Division of Family Services
 _____ Residential
 _____ Foster Care

Department of Mental Health

_____ Residential
 _____ In-home Services
 _____ Other: _____

Definitions for Risk Factors

Age at First Referral:

16 years — Subject was 16 years old at the time of first referral.

15 years — Subject was 15 years old at the time of first referral.

14 years — Subject was 14 years old at the time of first referral.

13 years — Subject was 13 years old at the time of first referral.

12 years — Subject was 12 years old or less at the time of first referral.

Prior Referrals:

DO NOT record referrals for abuse and neglect in this section. DO NOT include current referral.

A prior referral is defined as a status, municipal, or law violation, sufficient or insufficient, for which the subject was referred to juvenile authorities. Technical violations of supervision are NOT considered referrals for the purpose of scoring this variable.

None = Subject has no prior status, municipal, or law referral(s).

One or more prior referrals = Subject has had one or more, status, municipal, or law referral(s), that may or may not have been adjudicated.

Assault Referrals:

Refer to the pages 2-8 and 2-9 for a complete listing of offenses that are defined as assault for the purpose of scoring this variable.

No prior or present referral for assault = Subject has no prior referral for assault, nor is the present referral for assault.

Misdemeanor assault = Subject has at least one referral for misdemeanor assault. (INCLUDE PRESENT OFFENSE)

Felony assault = Subject has at least one referral for felony assault. (INCLUDE PRESENT OFFENSE)

History of Placement:

No prior out-of-home placement = Subject has had no out-of-home placements. Out-of-home placement includes court detention, foster care, hospitalization for mental illness or substance abuse treatment, voluntary placement in respite care, and commitment to the Division of Youth Services or other government-operated or private residential facilities. Out-of-home placement also includes enrollment in boarding/military schools, or placement with a relative other than a parent or primary caretaker exceeding three months for intractable behavior.

Prior out-of-home placement = Subject has had one or more out-of-home placements as defined above.

Peer Relationships:

Choose the following description that best characterizes subject's primary peer group. All components of the description need not be present, however. Consider behavior in the past 12 months as of primary importance when scoring this item.

History of Child Abuse:

*If educational neglect was modified to a truancy referral, do not consider as evidence of history of abuse/neglect.

Neutral influence = No member of the subject's primary peer group has been referred to the Court, or, if the current referral involves peers, these youths have no history of prior referrals. Persons with whom subject socializes, and dating partners, are age-appropriate and engage in constructive organized social activities, or informal activities that reflect healthy, pro-social interests. Parents generally approve of subjects' peer group.

Negative influence = Peers negatively influence subject's behavior, contributing to subject staying out late at night, intermittent alcohol and/or drug abuse, disobedience etc., but there is no evidence of gang related activities. Some members of primary peer group have been referred to the Court. Current referral may involve peers who have had previous court contact. Persons with whom subject socializes, and dating partners, may not be age-appropriate, either several years younger or older. Parents express disapproval of peers. **Or, the subject is a loner and has not formed and maintained relationships with peers.**

Strong negative influence = Primary peer group is heavily delinquent and members have had frequent court contacts. Gang related activities (**street socialization, carrying weapons, serious pattern of substance abuse, and/or drug distribution/trafficking, family members in gang, violence related to defense of neighborhood "turf"**) among peer group members are probable.

No history of child abuse/neglect = There is **no** official record at the Division of Family Services with a finding of Probable Cause indicating the subject has been physically or sexually abused or neglected by a parent or caretaker, **and** there have been **no** petitions filed in the juvenile or family court for physical abuse, sexual abuse, neglect or educational neglect* in which subject was the victim.

History of child abuse/ neglect = There **is** an official record at the Division of Family Services with a finding of Probable Cause indicating that subject **has** been physically or sexually abused or neglected by a parent or caretaker. Or, there have been petitions filed in the juvenile or family court for physical abuse, sexual abuse, neglect or educational neglect* in which subject was the victim. **A petition that is filed but dismissed without prejudice is sufficient to represent a history of abuse or neglect.**

Substance Abuse:

Choose the following description that best characterizes the subject's overall pattern of substance use. All components of the description need not be present, however. Consider behavior in the past 12 months as of primary importance when scoring this item.

No alcohol or drug problem = There is **no** parental suspicion or reliable physical evidence that drugs or alcohol abuse a problem. Relationship with parents is not strained over the issue of drug or alcohol abuse. There are no court referrals involving substance abuse, possession, or distribution. There has been no disciplinary action taken by school authorities related to substance abuse, possession, or distribution.

Moderate alcohol and/or drug abuse problem = Subject is engaged in intermittent abuse or there is strong parental suspicion of substance abuse based on reliable physical evidence (**alcohol on breath, dilated/constricted pupils, smell and/or residue of drug on person or personal property, slurred speech, staggering, possession of drug paraphernalia, etc.**) that drug and alcohol abuse is a problem. There is tension in relationship with parents over the issue of substance abuse. There may have been a referral to the Court for substance abuse, possession or distribution, but not more than one. Subject may have been disciplined by school authorities for substance abuse or possession, but on not more than one occasion. Subject may have been diagnosed with an alcohol or drug problem, but is currently undergoing successful treatment and is abstinent.

Severe alcohol and/or drug abuse or dependence = Subject has developed a pattern of regular abuse that is affecting social, familial, and/or school functioning. There is a history of reliable physical evidence indicating substance abuse or dependence is a problem. Subject has been diagnosed as chemically dependent and is currently in need of substance abuse treatment. There is a high level of conflict with parents regarding abuse behavior. There have been more than one referral to the Court for substance abuse, possession, or distribution. Subject has been disciplined by school authorities for substance abuse, possession, or distribution on more than one occasion.

School Attendance/Disciplinary:

When school is out of session, consider disciplinary and academic record for previous school year.

No or only minor problems = Subject is enrolled and attending school regularly. There have been no out-of-school suspensions, previous expulsions, referrals for truancy, or school records indicating multiple unexcused absences. **OR**, subject is 16 and has full-time employment or part-time employment with a G.E.D., or is enrolled in G.E.D. classes, vocational training, or other educational program and is making satisfactory progress.

Moderate problems = Subject is currently enrolled in school and attending, but there has been at least one out-of-school suspension, previous expulsion, referral for truancy, or school records indicating multiple unexcused absences. **OR**, subject is not enrolled in school, but is 16 and is enrolled in G.E.D. classes, vocational training, or other educational program. However, evidence suggests that satisfactory progress is **NOT** being made.

Severe problems = Subject is currently on out-of-school suspension, expelled or has dropped out; and if 16 years old, is not working and has not earned a G.E.D. or enrolled in a G.E.D., vocational training, or other educational program.

Parental Management Style:

Choose the following description that best characterizes subject's family. All components of the description need not be present, however. Consider behavior in the past 12 months as of primary importance when scoring this item.

Effective management style = Family unit offers structure, support, and supervision. Rules and boundaries governing socially acceptable conduct and expectations for behavior (e.g., school attendance, household responsibilities, curfews, homework, etc.) are in place and are clearly identified. Disciplinary practices are flexible, utilizing both reward and punishment systems, and these contingencies are administered firmly, fairly, and consistently. Parents or primary caretaker successfully monitor subject's activities.

Moderately ineffective management style = Family unit offers minimal structure, support, and supervision. Rules and boundaries governing socially acceptable conduct and expectations for behavior (school attendance, household responsibilities, curfews, homework, etc) are either lacking or unclear. Disciplinary practices are inflexible, being either overly punitive or overly permissive. Parental monitoring may be affected by parental substance abuse, or through unsatisfactory child-care arrangements.

Severely ineffective management style = Family unit offers no structure, support, or supervision. Disciplinary practices are totally absent and subject is not held accountable for negative behavior. Parental monitoring is clearly affected by parental substance abuse, unsatisfactory child-care arrangements, or lack of parental commitment.

Parental History of Incarceration:

No prior incarceration = No parent or adult functioning as primary caretaker has been sentenced to a period of incarceration in a county jail, state, or federal prison.

Prior incarceration = At least one parent or other adult functioning as a primary caretaker has been sentenced to a period of incarceration in a county jail, state, or federal prison.

ASSAULT OFFENSE CHARGE CODES

Offenses defined as “assaults” due to “reckless or knowing infliction of, or intent to inflict or threaten serious physical injury or death”.

<u>Charge Code</u>	<u>Statute</u>	<u>Type</u>	<u>Class</u>	<u>Description</u>
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HOMICIDE*

10021	565.020	Fel	A	Murder 1 st
10031	565.021	Fel	A	Murder 2 nd
10041	565.023	Fel	B	Voluntary Manslaughter
10051	565.024	Fel	C	Involuntary Manslaughter

SEXUAL ASSAULT

11010	566.030	Fel	A	Forcible Rape w/ weapon or injury
11015	566.030	Fel	A	Forcible Rape
11021	566.032	Fel	A	Statutory Rape
11040	566.040	Fel	C	Sexual Assault
11071	566.060	Fel	A	Forcible Sodomy w/ weapon or injury
11075	566.060	Fel	A	Forcible Sodomy
11076	566.062	Fel	A	Statutory Sodomy 1 st
11100	566.070	Fel	C	Deviant Sexual Assault

ROBBERY

12010	569.020	Fel	A	Robbery 1 st
12020	569.030	Fel	B	Robbery 2 nd
12035	569.025	Fel	A	Pharmacy Robbery 1 st
12045	569.035	Fel	B	Pharmacy Robbery 2 nd
12050	578.305	Fel	B	Bus hijacking

ASSAULT*

13011	565.050	Fel	A	Assault 1 st w/ injury
13020	565.050	Fel	B	Assault 1 st
13031	565.060	Fel	C	Assault 2 nd
13040	565.070	Misd.	A	Assault 3 rd w/ injury
13050	565.070	Misd.	C	Assault 3 rd
13055	565.075	Fel	D	Assault on school property
13060	578.305	Fel	A	Assault w/ weapon on bus
13071	217.385	Fel	B	Violence to DOC employee or inmate
13100	565.081	Fel	B	Assault on law officer 1 st
13110	565.082	Fel	B	Assault on law officer 2 nd
13120	565.083	Misd	A	Assault on law officer 3 rd

* excludes vehicular cases

SEX OFFENSES

22011	566.090	Fel	D	Sexual misconduct 1 st w/ weap.or injury
22021	566.100	Fel	B	Sexual abuse w/ weapon or injury
22100	566.067	Fel	B	Child Molestation w/ weap. or injury 1st
22110	566.068	Fel	D	Child Molestation w/ weap. or injury 2 nd

ARSON

17012	569.040	Fel	A	Arson 1 st w/ injury or death
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KIDNAPPING

16020	565.110	Fel	B	Kidnapping w/ infliction of injury
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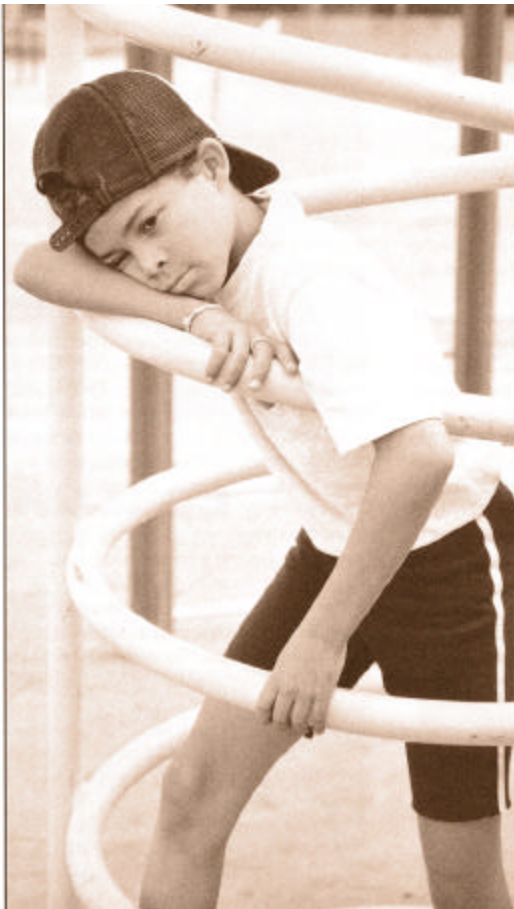
Chapter 3

Guidelines for Completing a Needs Assessment

The Missouri Juvenile Needs Assessment Scale is designed to assess the psychosocial needs of juvenile offenders. The Needs Assessment Scale is to be administered by a Juvenile Officer, Deputy Juvenile Officer, or Juvenile Court personnel trained in the use of the instrument.

GUIDELINES:

- A need's assessment:
 - 1) **Must** be completed on all juveniles proceeding to adjudication.
 - 2) **Should** be completed on juveniles that are considered in need of an assessment so that appropriate services are rendered.
- Additional needs assessments **should** be completed whenever an officer believes a juvenile's needs have changed in a significant way (positively or negatively), so that treatment alternatives may be considered. Routinely, needs assessments completed every 90 days are helpful indicators of progress, or the lack thereof, toward treatment goals. Needs factors will sometimes be scored as a negative value. This indicates positive adjustment in this given area, which might help reduce the likelihood of future delinquency.
- To insure accurate and consistent scoring of the risk items, it is **critical** for users to refer to the Needs Item Definitions on pages 3-4 through 3-12 of Chapter 3 in this manual, or in the software Help Text. Users also can insure that they are scoring the risk items accurately by using the Risk and Needs Scales Structured Interview provided in Chapter 5 of this manual



Instructions for Completing Needs Assessment

Instructions for completing Needs Form:

- The individual responsible for completing a needs assessment should:
 - 1) Fill in all the information requested at the top of the form completely and accurately.
 - 2) Score the juvenile on each needs factor, using the definitions on pages 3-4 through 3-12 of this manual. Use of the structured interview provided for you in Chapter 5 will further assist in answering the required needs factors more accurately.
 - 3) Add the scores on each factor and record the total in the Needs Score box.
 - 4) Identify salient treatment areas.
 - 5) **Refer to the Risk Assessment form to record and identify any services that were provided.**
- The total score generated from a Needs Assessment provides only a global assessment of juvenile's needs.
- Whenever the Needs definitions do not describe the juvenile's exact circumstances, the definition that fits most closely should be chosen.

JUVENILE NAME _____ JUVENILE ID# _____
 JUVENILE DATE OF BIRTH ____/____/____ SEX ____ M ____ F ____ SS# ____-____-____
 RACE: ____ WHITE ____ BLACK ____ HISPANIC ____ ORIENTAL ____ AMERICAN INDIAN ____ OTHER ____
 PARENT NAME _____ SS# ____-____-____

Behavior Problems

No significant behavior problem.....-1
 Moderate behavior problem.....2
 Severe behavior problem.....4

Attitude

Motivated to change/accepts responsibility0
 Generally uncooperative, defensive, not motivated to change1
 Very negative attitude, defiant, and resistant to change3

Interpersonal Skills

Good interpersonal skills-1
 Moderately impaired interpersonal skills1
 Severely impaired interpersonal skills2

Peer Relationships

Neutral influence0
 Negative influence.....1
 Strong negative influence.....2

History of Child Abuse or Neglect

No prior child abuse or neglect.....0
 Prior abuse and neglect1

Mental Health

(see DSM-IV diagnosis)
 No mental health disorder.....0
 Mental health disorder with treatment.....2
 Mental health disorder with no treatment.....4

Substance Abuse

No apparent problem.....0
 Moderate alcohol and/or drug abuse problem.....1
 Severe alcohol and/or drug problem/dependence2

School Attendance/Disciplinary

No or only minor problems-1
 Moderate problems0
 Severe problems1

Academic Performance

Passing without difficulty0
 Functioning below average.....1
 Failing.....3
 (If subject is 16 and not enrolled in school, score as 0)

Learning Disorder

(see DSM-IV diagnosis)
 No diagnosed learning disorder.....0
 Diagnosed learning disorder.....1

Employment

Full-time employment0
 Part-time employment1
 Unemployed.....2
 (Score only if subject is 16 and not enrolled full-time in school, vocational training, or other education program.)

Juvenile's Parental Responsibility

No children.....0
 One child.....1
 Two children2
 Three or more children.....3

Health/Handicaps

No health problems or physical handicaps0
 No health problems/handicaps but limited access to health care1
 Mild physical handicap or medical condition.....2
 Pregnancy.....3
 Serious physical handicap or medical condition.....5

Parental Management Style

Effective management style0
 Moderately ineffective management style1
 Severely ineffective management style2

Parental Mental Health

(see DSM-IV diagnoses)
 No parental history of mental health disorder.....0
 Parental history of mental health disorder.....1

Parental Substance Abuse

No parental substance abuse0
 Parental substance abuse.....1

Social Support System

Strong support system.....-2
 Limited support system, with one positive role model.....0
 Weak support system; no positive role models1
 Strong negative or criminal influence...3

TOTAL NEEDS SCORE:

Initials: _____

Definitions for Needs Factors

Behavior Problems:

Choose the following description that best characterizes subject's overall behavior pattern. All components of the description need not be present, however.



No significant behavior problem = Subject has no significant behavior problems at home or school.

Moderate behavior problem = Subject has moderate behavior problems that have caused disruption and resulted in disciplinary action at home or school. Problem behaviors include isolated incidents of fighting, lying, defiance, remaining away from home without permission, and/or avoidance of assigned responsibilities.

Severe behavior problem = Subject has severe behavior problems that have caused disruption and resulted in disciplinary action at home or school, and referrals to the Court. Behavior include persistent fighting, lying, defiance and/or avoidance of responsibility for the past **six months or longer**; or one or more incidents of assault, use of a weapon, fire-setting, sexual abuse, cruelty to animals, or self-destructive behavior, such as mutilating one's self, or suicide attempts.

Attitude: **Motivated to change/accepts responsibility** = Subject demonstrates healthy patterns of pro-social thinking demonstrated by appropriate respect for the law and an understanding of the negative consequences associated with law violations. Subject shows an acceptance of conventional institutions such as government, business, family, schools and work, and an appreciation of normative values such as honesty, integrity, and respect for others feelings and property. Subject does not make excuses for behavior, blame the legal system or victims, or display a tendency toward irresponsible behavior. Subject is sensitive to the needs, feelings, and perspectives of others. Subject demonstrates flexible thinking, good problem solving skills, an inherent trust of others, and the ability to manage anger.

Generally uncooperative, defiant, not motivated to change = Subject displays moderate pattern of antisocial thinking demonstrated by a disrespect for the law and a lack of understanding that law violations deserve negative consequences. Subject rationalizes law violations and incidences of blaming the victim or society in general and accepts a criminal lifestyle and the values associated with it. Subject rejects conventional institutions. Subject has little capacity for self-monitoring and evaluating personal standards against social norms. Subject shows little sensitivity to the needs, feelings, and perspectives of others.

Very negative attitude, defiant, and resistant to change = Subject demonstrates extreme pattern of antisocial thinking such as total disrespect for the law and has no concept of the need for law violations to have consequences. Subject rationalizes law violations, blames victim or society for situation, and feels that the system is “out to get them.” Subject holds extreme antisocial attitudes as measured by a high degree of hostility, dishonesty, and rejection of societal norms and institutions. Displays extreme forms of character deficits such as manipulation, selfishness, egocentricity, callousness, impulsiveness, lack of remorse, and an inability to learn from experience. Displays total disregard for others feelings, their opinions, and their individual rights or rights to property. Subject has no constructive problem solving skills, cannot form trusting relationships and has difficulty controlling anger.

Interpersonal Skills:

Choose the following description that best characterizes subject's overall interpersonal skills. All components of the description need not be present, however.

Good interpersonal skills = Subject has developed competencies necessary to initiate, maintain, and terminate interpersonal relationships, including the ability to appropriately disclose personal thoughts and feelings, offer emotional support to others, disagree with others, and cope with interpersonal conflict.

Moderately impaired interpersonal skills = Subject has moderate difficulty forming, maintaining, and terminating interpersonal relationships. There are deficits in subject's ability to appropriately disclose personal thoughts and feelings, offer emotional support to others, disagree with others, and cope with interpersonal conflict. Interpersonal relationships tend to be either superficial or over-idealized.

Severely impaired interpersonal skills = Subject demonstrates obvious difficulty in forming and maintaining constructive interpersonal relationships. Subject's interpersonal style is abusive or exploitive in nature, or subject is overly naïve and reclusive, and therefore an easy target for manipulation.

Peer Relationships:

Choose the following description that best characterizes subject's primary peer group. All components of the description need not be present, however. Consider behavior in the past 12 months as of primary importance when scoring this item.

Neutral influence = No member of the subject's primary peer group has been referred to the Court, or, if the current referral involves peers, these youths have no history of prior referrals. Persons with whom subject socializes, and dating partners, are age-appropriate and engage in constructive organized social activities, or informal activities that reflect healthy, pro-social interests. Parents generally approve of subjects' peer group.

Negative influence = Peers negatively influence subject's behavior, contributing to subject staying out late at night, intermittent alcohol and/or drug abuse, disobedience etc., but there is no evidence of gang related activities. Some members of primary peer group have been referred to the Court. Current referral may involve peers who have had previous court contact. Persons with whom subject socializes, and dating partners, may not be age-appropriate, either several years younger or older. Parents express disapproval of peers. Or, the subject is a loner and has not formed and maintained relationships with peers.

Strong negative influence = Primary peer group is heavily delinquent and members have had frequent court contacts. Gang related activities (**street socialization, carrying weapons, serious pattern of substance abuse, and/or drug distribution/trafficking, family members in gang, violence related to defense of neighborhood "turf"**) among peer group members are probable.

History of Child Abuse or Neglect:

*If educational neglect was modified to a truancy referral, do not consider as evidence of history of abuse/neglect.

No history of child abuse or neglect = There is **no** official record at the Division of Family Services with a finding of Probable Cause indicating the subject has been physically or sexually abused or neglected by a parent or caretaker, **and** there have been **no** petitions filed in the juvenile or family court for physical abuse, sexual abuse, neglect or educational neglect* in which subject was the victim.

Prior child abuse and/or neglect = There **is** an official record at the Division of Family Services with a finding of Probable Cause indicating that subject **has** been physically or sexually abused or neglected by a parent or caretaker. Or, there have been petitions filed in the juvenile or family court for physical abuse, sexual abuse, neglect or educational neglect* in which subject was the victim. **A petition that is filed but dismissed without prejudice is sufficient to represent a history of abuse or neglect.**

Mental Health:

(See DSM-IV diagnoses **excluded** from scoring of this item on page 3-13)

No mental health disorder = Subject has not been diagnosed by a mental health professional as having a mental disorder.

Mental health disorder with treatment = Subject has been diagnosed by a mental health professional as having a mental health disorder, including attention-deficit hyperactivity disorder (**excludes learning disabilities, conduct disorder, or chemical dependency**), but has been successfully discharged from inpatient mental health treatment, and/or is currently participating in and cooperating with outpatient treatment.

Mental health disorder with no treatment = Subject has been diagnosed by a mental health professional as having a mental disorder, including attention-deficit hyperactivity disorder (**excludes learning disabilities, conduct disorder, or chemical dependency**), but has not received mental health treatment, or has received treatment, but is non-compliant with treatment recommendations.

Substance Abuse:

Choose the following description that best characterizes the subject's overall pattern of substance use. All components of the description need not be present, however. Consider behavior in the past 12 months as of primary importance when scoring this item.

No alcohol or drug problem = There is **no** parental suspicion or reliable physical evidence that drugs or alcohol abuse a problem. Relationship with parents is not strained over the issue of drug or alcohol abuse. There are no court referrals involving substance abuse, possession, or distribution. There has been no disciplinary action taken by school authorities related to substance abuse, possession, or distribution.

Moderate alcohol and/or drug abuse problem = Subject is engaged in intermittent abuse or there is strong parental suspicion of substance abuse based on reliable physical evidence (**alcohol on breath, dilated/constricted pupils, smell and/or residue of drug on person or personal property, slurred speech, staggering, possession of drug paraphernalia, etc.**) that drug and alcohol abuse is a problem. There is tension in relationship with parents over the issue of substance abuse. There may have been a referral to the Court for substance abuse, possession or distribution, but not more than one. Subject may have been disciplined by school authorities for substance abuse or possession, but on not more than one occasion. Subject may have been diagnosed with an alcohol or drug problem, but is currently undergoing successful treatment and is abstinent.

Severe alcohol and/or drug problem/dependence = Subject has developed a pattern of regular abuse that is affecting social, familial, and/or school functioning. There is a history of reliable physical evidence indicating substance abuse or dependence is a problem. Subject has been diagnosed as chemically dependent and is currently in need of substance abuse treatment. There is a high level of conflict with parents regarding abuse behavior. There have been more than one referral to the Court for substance abuse, possession, or distribution. Subject has been disciplined by school authorities for substance abuse, possession, or distribution on more than one occasion.

School Attendance/Disciplinary:

When school is out of session, consider disciplinary and academic record for previous school year.

No or only minor problems = Subject is enrolled and attending school regularly. There have been no out-of-school suspensions, previous expulsions, referrals for truancy, or school records indicating multiple unexcused absences. **OR**, subject is 16 and has full-time employment or part-time employment with a G.E.D., or is enrolled in G.E.D. classes, vocational training, or other educational program and is making satisfactory progress.

Moderate problems = Subject is currently enrolled in school and attending, but there has been at least one out-of-school suspension, previous expulsion, referral for truancy, or school records indicating multiple unexcused absences. **OR**, subject is not enrolled in school, but is 16 and is enrolled in G.E.D. classes, vocational training, or other educational program. However, evidence suggests that satisfactory progress is **NOT** being made.

Severe problems = Subject is currently on out-of-school suspension, expelled or has dropped out; and if 16 years old, is not working and has not earned a G.E.D. or enrolled in a G.E.D., vocational training, or other educational program.

Academic Performance:

(Applies only to subjects who are enrolled in school, vocational training, or other educational programming.)

*When school is out of session, consider academic record for previous school year.

Passing without difficulty = Subject's grades reflect a C average or above.

Functioning below average = Subject's grades reflect a D average.

Failing = Subject's grades reflect academic failure.

Learning Disorder:
(see DSM-IV diagnoses on page 3-13)

No diagnosed learning disorder – subject has not been diagnosed with a learning disorder.

Diagnosed learning disorder – subject has been diagnosed with a learning disorder.

Employment:
(Applies only to subjects who are not enrolled in school, vocational training, or other educational programming and are 16 years of age.)

Full-time employment = Subject has full-time employment.

Part-time employment = Subject is employed, but for less than 40 hours per week.

Unemployed = Subject is unemployed.

Not Applicable = Subject is age 15 or younger

Juvenile's Parental Responsibility:

No children = Subject has no biological children.

One child = Subject has one biological child.

Two children = Subject has two biological children.

Three or more children = Subject has three or more biological children.

Health/Handicaps:

No health problems or physical handicaps = Subject's health is good and he or she has no physical handicaps that impede daily functioning.

No health problems or handicaps but limited access to health care = Subject's health is good and he or she has no physical handicaps that impede daily functioning. However, subject has no or infrequent contacts with medical and dental professionals and may lack health insurance.

Mild physical handicap or medical condition = Subject has a mild physical handicap or medical condition that somewhat impedes daily functioning.

Pregnancy = subject is pregnant.

Serious physical handicap or medical condition = Subject has a serious physical handicap or medical condition that significantly impedes daily functioning.

Parental Management Style:

Choose the following description that best characterizes subject's family. All components of the description need not be present, however. Consider behavior in the past 12 months as of primary importance when scoring this item.

Positive management style = Family unit offers structure, support, and supervision. Rules and boundaries governing socially acceptable conduct and expectations for behavior (e.g., school attendance, household responsibilities, curfews, homework, etc.) are in place and are clearly identified. Disciplinary practices are flexible, utilizing both reward and punishment systems, and these contingencies are administered firmly, fairly, and consistently. Parents or primary caretaker successfully monitor subject's activities.

Moderately ineffective management style = Family unit offers minimal structure, support, and supervision. Rules and boundaries governing socially acceptable conduct and expectations for behavior (school attendance, household responsibilities, curfews, homework, etc) are either lacking or unclear. Disciplinary practices are inflexible, being either overly punitive or overly permissive. Parental monitoring may be affected by parental substance abuse, or through unsatisfactory child-care arrangements.

Severely ineffective management style = Family unit offers no structure, support, or supervision. Disciplinary practices are totally absent and subject is not held accountable for negative behavior. Parental monitoring is clearly affected by parental substance abuse, unsatisfactory child-care arrangements, or lack of parental commitment.

Parental Mental Health:

(See DSM-IV diagnoses **excluded** from scoring on this item on page 3-13)

No parental history of mental health disorder = Neither parent nor other adults functioning as primary caretakers have been diagnosed with a mental disorder by a mental health professional.

Parental history of mental health disorder = One or both parents, or other adults functioning as primary caretakers have been diagnosed with a mental disorder by a mental health professional (**excluding chemical dependency and personality disorders**).

Parental Substance Abuse:

No parental substance abuse = There are no indications that either parent or other adult functioning as a primary caretaker abuses alcohol or drugs.

Parental substance abuse = One or both parents or other adult functioning as a primary caretaker currently abuses alcohol or drugs. This has caused disruption in the home. The abuse may effect ability to maintain employment, to supervise and discipline subject, may have resulted in arrests, and may have caused conflict in the marital relationship. Parent(s) may have received substance abuse treatment (including AA) or has been diagnosed as chemically dependent.

Social Support System:

Choose the following description that best characterizes subject's support system beyond the subject's immediate family for the past 12 months.

All components of the description need not be present, however.

Social support systems include extended family (uncle, aunt, or grandparent), family friends, teachers, or other community members who may be active in subject's life.

Strong support system = Support system is strong and stable and positive role models are available.

Limited support system, with one positive role model = There is some instability in support system, but there is at least one positive role model with whom subject has a strong relationship and regular contact.

Weak support system; no positive role models = There is instability in support system and no positive role models with whom subject has a strong relationship and regular contact.

Strong negative or criminal influence = Support system highly unstable, and members are negative role models who have strong criminal orientation evidenced by antisocial attitudes and behavior.

DSM-IV Classifications

Excluded Personality Disorders:

- 301.00 Paranoid Personality Disorder
- 301.20 Schizoid Personality Disorder
- 301.22 Schizotypal Personality Disorder
- 301.70 Antisocial Personality Disorder
- 301.83 Borderline Personality Disorder
- 301.83 Histrionic Personality Disorder
- 301.81 Narcissistic Personality Disorder
- 301.82 Avoidant Personality Disorder
- 301.60 Dependent Personality Disorder
- 301.40 Obsessive-Compulsive Personality Disorder
- 301.90 Personality Disorder - Not Otherwise Specified

Included Learning Disorders:

- 315.00 Reading Disorder
- 315.10 Mathematics Disorder
- 315.20 Disorder of Written Expression
- 315.90 Learning Disorder, Not Otherwise Specified

Instructions for Using Classification Matrix

Instructions for Classification Matrix:

- 1) After completing the Risk Assessment scale, locate the juvenile's risk level.
 - 2) Locate the youth's risk level down the far-left column of the Classification Matrix.
 - 3) Locate the severity of the youth's offense across the top row of the Classification Matrix.
 - 4) Locate the cell in the matrix where the youth's risk level and offense severity intersects. This cell contains the graduated sanctions recommended by the matrix for a given case.
 - 5) Record the sanctions that were applied on the Risk Assessment Form.
 - 6) Record your reason for electing to use a sanction not recommended in the matrix.
- If the juvenile has more than one immediate allegation, the most serious allegation should be used to determine sanctions.
 - If the presenting referral was reduced or otherwise altered after screening for legal sufficiency, the officer should use the modified referral for identifying sanctions.
 - There may be occasions when it is appropriate to choose more than one option from those listed in the matrix cell. Officer may choose more than one option when there is reason to believe that more than one sanction is needed.
 - The use of the + symbol denotes sanctions that are not recommended as a sole option for juveniles who fall into that cell, but are recommended to be used with other options in that cell.
 - The officer may exercise discretion by "working outside" of the Risk Classification Matrix guidelines.
 - Mandatory certification hearings are required by statute for all Class A Felonies. In the event the juvenile is not certified, the juvenile officer should refer to the column **A & B Felonies** on the matrix for classification purposes.

MISSOURI RISK & OFFENSE CASE CLASSIFICATION MATRIX

OFFENSE SEVERITY	GROUP 1 OFFENSES	GROUP 2 OFFENSES	GROUP 3 OFFENSES
Risk Level	Status Offenses Municipal Ordinances/ Infractions	Class A, B, & C Misdemeanors/ Class C & D Felonies	A* & B Felonies
Low Risk	A) Warn & Counsel B) Restitution C) Community Service D) Court Fees & Assessments E) Supervision	A) Warn & Counsel B) Restitution C) Community Service D+) Court Fees & Assessments E) Supervision	B+) Restitution C+) Community Service D+) Court Fees & Assessments E) Supervision F) Day Treatment G) Intensive Supervision H) Court Residential Placement I) Commitment to DYS
Moderate Risk	A) Warn & Counsel B) Restitution C) Community Service D) Court Fees & Assessments E) Supervision	A) Warn & Counsel B) Restitution C+) Community Service D+) Court Fees & Assessment E) Supervision F) Day Treatment	B+) Restitution C+) Community Service D+) Court Fees & Assessments E) Supervision F) Day Treatment G) Intensive Supervision H) Court Residential Placement I) Commitment to DYS
High Risk	A) Warn & Counsel B) Restitution C) Community Service D) Court Fees & Assessments E) Supervision	B+) Restitution C+) Community Service D+) Court Fees & Assessments E) Supervision F) Day Treatment G) Intensive Supervision H) Court Residential Placement I) Commitment to DYS	H) Court Residential Placement I) Commitment to DYS

* Mandatory certification hearings are required by statute for all Class A Felonies. In the event the juvenile is not certified, the juvenile officer should refer to this column of the matrix for classification purposes.

+ This symbol indicates options that should never be used as a sole option for youths who score in that cell, but only in conjunction with other options.

Sanction Definitions

Sanctions = the penalty for noncompliance specified in a law, or any penalty that acts to insure compliance or conformity.

Warn & Counsel: A formal verbal or written warning and giving of advice regarding offense-related behavior. When a formal verbal warning is the sanction applied, the associated disposition is Informal Adjustment Without Supervision, if a conference is held. When a written warning is the sanction applied, the associated disposition is Informal Adjustment, No Conference.

Restitution: The juvenile is to make restitution or reparation for the damage or loss caused by the offense.

Community Service: The juvenile is to perform community service under the supervision of the court or an organization selected by the court.

Court Fees & Assessments: The juvenile is to pay court costs and/or assessments related to the processing of his/her case.

Supervision: The juvenile officer meeting regularly with the juvenile and custodian for the following purposes: 1) providing and/or monitoring intervention programs, and prevention and education programs, to ensure the juvenile is receiving those services as expected, 2) ensuring that the juvenile is complying with sanctions, as ordered by the court, or agreed to by the juvenile and custodian through the informal adjustment agreement.

Day Treatment Program: The juvenile is ordered to participate in a day treatment program, but may remain in the community. A day treatment program operates in a non-secure setting, but activities are highly structured. Program activities may include close supervision, counseling, educational/vocational services, and other services to assist the juvenile in developing skills needed to function effectively in the community and avoid delinquent behavior.

Intensive Supervision: The juvenile is adjudicated and placed under intensive supervision, a type of formal supervision. Distinctive features of intensive supervision programs include low caseloads, frequent contacts with the juvenile, regular collateral contacts with other family members, school personnel, and/or community members who have knowledge of the juvenile's behavior. During the early stage of intensive supervision, contacts may be surveillance-oriented, with emphasis on control and behavioral management. Frequency of contacts may diminish as juvenile demonstrates progress. Juveniles on intensive supervision may be placed on electronic monitoring.

Sanction Definitions Continued

Court Residential Placement:

The juvenile is ordered into a facility that constitutes the least restrictive appropriate placement for that juvenile. The juvenile will reside at the court operated or court funded placement until the court determines he/she may be released. This excludes placement in DMH (Dept. of Mental Health) or DFS (Division of Family Services) facilities. Placement facilities may be community-based and provide intensive treatment services and special programming based on the juvenile's needs.

Commitment to Division of Youth Services:

The juvenile is adjudicated and committed to the Division of Youth Services.

None:

The juvenile and officer are relieved of responsibilities in regards to the immediate case. No action is taken in this case.

Service Definitions

***Services* = A treatment or service designed to affect a change in behavior.**

Prevention and Education Programs:

The juvenile is required to participate in prevention and/or education programs.

Prevention programs are brief programs offered by the court or in the community, that are intended to educate the juvenile about the consequences of the law violation or other at-risk behaviors. Examples of these include drug awareness programs or shoplifters' programs.

Education programs are those programs offered by the court or in the community, which address academic deficits or vocational needs. Examples include G.E.D. classes, tutoring, or vocational training programs.

Intervention Programs:

The juvenile is required to participate in an intervention program, such as a sex offender program, family therapy group, or substance abuse group.

None:

The juvenile is not referred or required to participate in any prevention, education, or intervention programs.

Disposition Codes

Disposition	DYS Code	Definition
Allegation found not true w/petition	04	The petition is dismissed from the court and the case is closed.
Allegation true with petition; Juvenile receives in-home services	02	The filing of a petition, a court disposition, and court ordered services while the youth remains in the home.
Allegation true with petition; Juvenile receives no services	03	The filing of a petition and a court disposition but no services are provided.
Allegation true with petition; Juvenile receives out-of-home placement	01	The filing of a petition and court disposition with custody transferred to another agency or individual. Placement may range from a relative to a foster home. Note: This code should be used to show a youth committed to the custody of DYS even if the youth is placed in-home on DYS community care
Associated Referral/Disposition	99	This referral was linked to a petition, formal or informal, and court disposition of another referral that was taken to court as the primary allegation. This referral is a child referral that is associated to a parent referral, which was taken to court on one petition and given one disposition.
Informal adjustment conference with supervision	08	Any informal non-judicial activity which occurs without the filing of a petition and involves supervision by written agreement.
Informal adjustment conference without supervision	07	Any informal non-judicial activity which occurs without the filing of a petition and involves no more than one face-to-face contact and results in a formal warning to the juvenile and a referral for services that are monitored.

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Disposition	DYS Code	Definition
Informal adjustment, no conference	09	A pending intake situation where no petition is filed and no action is taken beyond a formal warning letter or verbal warning.
Referral rejected, allegation not true	12	This referral was rejected for any reason.
Referral rejected, insufficient evidence	13	This referral was rejected for lack of evidence.
Sustain motion to dismiss for certification w/petition	06	The court sustains the motion to dismiss to allow transfer to the adult court for prosecution under general law and the case is closed.
Sustain motion to dismiss w/petition	05	The court finds that a motion to dismiss should be sustained and the case is closed.
Transfer to DFS	11	A situation where the youth's case (records, file, etc.) are transferred to DFS
Transfer to DMH	11	A situation where the youth's case (records, file, etc.) are transferred to DMH
Transfer to DYS	11	A situation where the youth's case (records, file, etc.) are transferred to DYS
Transfer to other	11	A situation where the youth's case (records, file, etc.) are transferred to Other.
Transfer to Private Agency	11	A situation where the youth's case (records, file, etc.) are transferred to Private Agency
Transfer to Public Agency	11	A situation where the youth's case (records, file, etc.) are transferred to Public Agency
Transfer to other Juvenile Court	10	A situation where the youth is transferred to another Juvenile Court's jurisdiction.

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Chapter 5

Guidelines for Structured Interviewing

- 1** Introduce interview participants and explain the reason for the interview.
- 2** Be polite, direct, and non-judgmental of all participants.
- 3** Explain that while some of the questions are of a sensitive nature, you are required to ask them of everyone, and that their responses will be crucial for determining the most appropriate sanction and service for their child.
- 4** Explain sanctions in terms of their relationship to personal accountability, and services in terms of their relationship to the specific needs of the child.
- 5** Emphasize the importance of responding in as open, honest, and complete fashion as possible because the information they provide will be compared with the official record for accuracy.

To expedite the interview process you may want to mail the attached information form to be completed and returned by the parents of the referred juvenile prior to the informal conference. This way, certain information (criminal history, for example) can be verified prior to your meeting.

1.) AGE AT FIRST REFERRAL

How old were you the first time you were referred to the juvenile authorities?

Enter age here:

2.) PRIOR REFERRALS

How many times have you been referred to the juvenile authorities? What were the referral(s) for?

# of Status Offense(s):	Offenses:
# of Delinquency Offense(s):	Offenses:
Total #:	

3.) ASSAULT REFERRALS

(See classification manual for complete details on what offenses constitute assault.)

Have you ever been referred to the juvenile authorities for any of the following:

	Misd.	Felony
Homicide		
Sexual Assault		
Robbery		
Assault		
Sexual Offense		
Arson		
Kidnapping		
Total		

4.) SUBSTANCE AND ALCOHOL ABUSE

Ask parents whether they suspect their child is using drug or alcohol.

No _____	If yes, were any of the following indicators?	
_____	Alcohol on breath?	_____ Dilated or constricted pupils?
_____	Slurred speech?	_____ Smell or residue of drugs on person or personal property?
_____	Staggering?	_____ Possession of drug paraphernalia?

Have you ever been referred to the juvenile authorities for using drugs or alcohol?

No _____ If yes, how many times? _____ What for?

Have you experienced any disciplinary action by school authorities related to substance abuse behavior?

Yes _____ No _____

Is there any tension or conflict between you and your parents over the use of drugs or alcohol?

Yes _____ No _____

How would you describe that tension?

Low _____ Moderate _____ High _____

Do you use drugs on a regular basis?

Yes _____ No _____

How many times per week do you use drugs or alcohol?

Have you ever seen a doctor or counselor about your drug or alcohol use?

Yes _____ No _____

Do you think you are addicted or has a counselor made this diagnosis?

Yes _____ No _____

Have you ever received treatment for a substance abuse problem?

Yes _____ No _____

Are you currently using drugs or alcohol?

Drugs: Yes _____ No _____

Alcohol: Yes _____ No _____

5.) HISTORY OF PLACEMENT

Have you ever lived outside of your parent's home for a period of time?

No _____ If yes, what were the circumstances and how long were you away?

Indicate number of times from the following:

Placement defined as:

- _____ Court Detention
- _____ Foster Care
- _____ Hospitalization for mental illness or substance abuse
- _____ Voluntary respite placement
- _____ Commitment to DYS
- _____ Other government operated or private residential facility
- _____ Boarding/Military school for uncooperative behavior
- _____ Family relative for more than 3 months for uncooperative behavior

Total _____

6.) SCHOOL BEHAVIOR

Are you attending school regularly?

Yes _____ No _____

Have you ever been suspended?

No _____ Yes, _____

_____ # of times?

Have you ever been expelled?

No _____ Yes, _____

Have you ever been caught skipping or not attending school when you were supposed to be there?

No _____ Yes, _____

_____ # of times? _____

What happened?

If we were to review your school records,
What would we discover about your attendance?

Are you currently going to school
or have you dropped out?

Going to school _____ Dropped out _____

If child is 16 years old, ask the following questions:

Are you working full-time?

No _____ Yes _____

_____ # of hours? _____

Are you working part-time?

No _____ Yes _____

_____ # of hours? _____

Do you have a G.E.D.?

Yes _____ No _____

Or are you enrolled in a G.E.D. program?

Yes _____ No _____

Are you making satisfactory progress?

Yes _____ No _____

Are you enrolled in vocational training?

Yes _____ No _____

What kind of progress are you making?

Any other educational program(s)?

7.) PARENTAL MANAGEMENT STYLE

Do you do things together as a family?

No _____ If yes, what are some examples?

Do you follow a set schedule?

Yes _____ No _____

Do you have family duties
for which you are responsible?

No _____ If yes, what are some examples?

_____ Household chores?
_____ Homework?
_____ School attendance?

Others examples:

How would you describe your parents? Do you think they are too strict with you or do you wish they would be stricter when you misbehave?

Do your parents monitor your activities?

Yes _____ No _____

Do you have a curfew?

Yes _____ No _____

Do your parents know your friends?

Yes _____ No _____

Does either of your parents use drugs or alcohol?

No _____ If yes, do you feel this affects your parent's ability to supervise and monitor your activities?

What do your parents do to reward you when you do something good?

What do your parents do to punish you when you misbehave?

Would you say that your parents are fair?

Yes _____ No _____

Explain:

If they tell you they are going to punish you, do they follow through on their punishment?

Sometimes _____ Always _____ Almost Never _____

Do your mother and father generally agree with one another in terms of disciplinary practices?

Sometimes _____ Always _____ Almost Never _____

8.) HISTORY OF ABUSE AND NEGLECT

Have you ever been abused?

No _____

If yes, what was the nature of this abuse?

Were any official reports prepared (Probable Cause or Petitions filed in Juvenile and Family Court) for physical or sexual abuse, or physical or educational neglect in which you were the victim?

Yes _____ No _____

Does your family have an assigned DFS caseworker?

Yes _____ No _____

9.) PARENTAL HISTORY OF INCARCERATION

Have either one of your parents ever been incarcerated
Either in jail or prison for a criminal offense conviction?

Yes _____ No _____

10.) PEER RELATIONSHIPS

Have any of your friends been referred to the court for delinquent behavior?
(Other than current referral if they were with the child being interviewed.)

Yes _____ No _____

How many times have your friends been referred to the court?

How old are your friends?

Do you date?

Yes _____ No _____

How old is the person you date?

What type of activities do you and your friends engage in?

_____ Pro-social and healthy
Examples:

_____ Negative or delinquent
Examples:

How do your parents feel about your friends/peer group?

Approve _____ Disapprove

Ask parent(s) currently with the child the same question:

Approve _____ Disapprove

Do your friends influence your behavior? [Ask parents the same question]:

No _____ If yes, how?

	Juvenile Response	Parental Response
Staying out late?	_____	_____
Causing you to disobey your parents?	_____	_____
Encouraging drug or alcohol abuse?	_____	_____
Other ways:		

Would you say that you have a lot of close friends?

Yes _____ No _____

Or do you prefer to be by yourself most of the time?

Yes _____ No _____

As far as you know, do any of your friends or family members carry guns, knives or any other weapons?

Yes _____ No

Do any of your friends or family do the following:

Spend most of their time hanging out on the streets?
Deal drugs?
Have serious substance abuse problem?
Engage in violence defending neighborhood turf?
Have gang affiliations?

Friends

Family



11.) HEALTH/HANDICAPS

Do you have any physical handicaps or medical conditions that interfere in your daily functioning?

No _____ If yes, what conditions?

How adversely does your medical or physical condition interfere with your daily functioning?

Mildly _____ Moderately _____ Seriously _____

Do you have medical insurance that covers your medical or physical condition?

Yes _____ No _____

Are you currently pregnant?

Yes _____ No _____



12.) JUVENILE'S PARENTAL RESPONSIBILITY

(number of biological children of the JUVENILE, not the parent of the juvenile)

Do you have any biological children?

No _____ If yes, how many? _____

Are you financially responsible for them?

Yes _____ No _____

Needs

13.) ATTITUDE

Do you think it is reasonable and fair that you that you were brought to the juvenile office for the alleged offense?

Why, or why not?

In general, do you think you should be held accountable for your actions?

Why, or why not?

How do the following people affect your life:

Parents:

Teachers:

Police:

Employer:

Who can you trust?

Why?

Do you think there are ever times when it is acceptable to tell less than the truth?

Under what circumstances?

Do you ever act without thinking about the consequences?

_____ Yes _____

Can you give me an example of when this happened?

If this event happened again, how might you handle it differently?

Do you ever try to understand why other people do things by trying to “put yourself into their position”?

Can you provide an example of when you did this?

Does doing this help you understand their position better?

Why, or why not?

Needs



14.) INTERPERSONAL SKILLS

How would you rate your skills at making and keeping your friends?

Good _____
Fair _____
Poor _____

Tell me about your friendships? What kinds of things do you talk about?

Do you feel comfortable taking about things that really matter to you?

Yes _____ No _____

Do you offer support to your friends?

No _____ If yes, can you provide an example?

Do you ever choose your friends for what they might be able to do for or get for you?

No _____ If yes, can you provide an example?

Do you ever demand that your friends do things for you?

Yes _____ No _____

If you disagree with your friends what do you say to them?

Are you usually able to resolve your problems with your friends without an argument?

Yes _____ No _____

Do you feel like people frequently take advantage of you?

No _____

If yes, can you provide an example?

Would you consider yourself a loner?

Yes _____ No _____



15.) MENTAL HEALTH

Has a mental health professional ever diagnosed you with a mental disorder?

No _____

If yes, what was the diagnosis? (Do NOT consider a learning disorder, conduct disorder, or substance abuse disorder in this category. You MAY include Attention Deficit Hyperactivity Disorder here.)

Have you ever received treatment for your disorder?

Yes _____ No _____

Are you currently receiving treatment for your disorder?

Yes _____ No _____

Are you compliant with your treatment provider's recommendations?

Yes _____ No _____

Needs

16.) LEARNING DISORDERS

Have you been diagnosed with any of the following Learning Disorders? (Do NOT include ADHD in this category.)

_____ Reading
Disorder?

_____ Mathematics
Disorder?

_____ Learning Disorder, Not
Otherwise Specified?

Needs

17.) ACADEMIC PERFORMANCE

(Passing = C average or better, Functioning below average = D average, Failing = F)

What are your current grades?

A – B _____ C – D _____ Failing _____

Needs

18.) EMPLOYMENT

Are you employed?

No _____ If yes, where do you work? _____

What do you do?

How many hours per week do you work?

How long have you worked for your current employer?

_____ years _____ months

Needs



19.) PARENTAL MENTAL HEALTH

Has either of your parents been diagnosed with a mental disorder? (Do NOT include Personality Disorders or Substance Abuse Disorders in this category.)

No _____ If yes, what disorder?

Have you ever received treatment for your disorder?

Yes _____ No _____

Are you currently receiving treatment for you disorder?

Yes _____ No _____

Are you compliant with your treatment provider's recommendations?

Yes _____ No _____

Needs



20.) PARENTAL SUBSTANCE ABUSE

Ask parents if they use alcohol or drugs.

No _____ Yes, what is your pattern of use?

Have you ever been arrested for possession of drugs or DUI?

Yes _____ No _____

Does your pattern of use create tension or conflict with your spouse or problems in disciplining and monitoring your children (through uncontrolled anger or failure to monitor child's activities owing to incapacitation)?

Yes _____ No _____

Does it create problems with your employer such as absences or being terminated?

Yes _____ No _____

Have you ever been diagnosed as chemically or alcohol dependent?

Yes _____ No _____

Have you ever received treatment for substance abuse?

Yes _____ No _____

21.) SOCIAL SUPPORT SYSTEM

Is there any one person or more that you feel is a positive influence in your life?

No _____ If yes, who are they?

How frequently do you interact with this person?

What types of activities do you do with them?

Why is this person important to you?

Do you pretty much know what to expect from this person whenever you see them (attitudes, beliefs, mood, and personality/character?)

Yes _____ No

Are these individuals involved in criminal activities?

Yes _____ No _____

Do they ever encourage you to do anything criminal or against your belief system?

No _____ If yes, what are some examples?

INFORMATION SHEET

Date: ____/____/____

JUVENILE HISTORY

Full Name: _____ A.K.A./Nickname: _____

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

DOB: ____/____/____ Age: _____ Race: _____ Sex: _____

Hair Color: _____ Eye Color: _____ Weight: _____ Height: _____

Have you ever met with a Juvenile Officer before?

If so, for what reason(s) and when?

Are you or have you ever been a Ward of the Court?

JUVENILE SCHOOL HISTORY

What school do you attend? _____ Grade Level? _____

Have you ever been expelled, suspended, or truant from school?

If so, for what reason and when?

Are you enrolled in vocational or other special training?

List the activities you participate in school:

Academic performance: Above average () Average () Failing ()

FAMILY HISTORY

Father's Name: _____

Social Security Number: _____ - _____ - _____ DOB: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Occupation: _____

Mother's Name: _____

Social Security Number: _____ - _____ - _____ DOB: ____/____/____

Address (if different than father): _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Occupation: _____

Has either parent ever been sentenced to a period of incarceration in jail or prison?

Has there ever been a petition filed against either parent for the abuse or neglect of the juvenile named above?

If so, when and what for?

Has the juvenile ever been placed outside of the home for his or her behavior?

If so, with whom was he/she placed and for how long?

Name of primary caretaker if other than parent: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

SIBLINGS

Name	DOB
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____

Other than parent, emergency contact:

Name: _____

Address: _____

Phone: _____

Relationship: _____

**IN THE CIRCUIT COURT OF THE
STATE OF MISSOURI
FAMILY COURT - JUVENILE DIVISION
THE HONORABLE JUDGE**

SOCIAL INVESTIGATION

IN THE INTEREST OF:

JOHN

DATE OF REPORT:

2001

BIRTHDATE:

16 years old

CASE NUMBER: Q-453678-01

CAUSE NO: 347-01135B

DATE OF HEARING:

2001
(9:00 a.m. – Division 5)

DEPUTY JUVENILE OFFICER:

Deputy XYZ

I. Reason for Hearing

Present Offense

On April 1, 2001 OSCA county deputy sheriff, G., charged John J. with a felony offense of Assault 2nd, Class C. The offense report states John J. was a party to a gang assault on the victim, Ryan, who was allegedly lured to an Iron River location for the purpose of the assault.

Offender Statement

John consistently denies involvement in, or orchestration of, the assault on Ryan. He acknowledges being present during the assault, but claims he attempted to stop the assault rather than contribute to it.

II. Collateral Contact

Victim Statement

According to the victim, Ryan, John J. and two assailants lured him to the assault location by promising me that there would be beer there. Ryan states John J. and his accomplices “punched, kicked, and knocked me to the ground”. He also claims an unidentified object was thrown at his right shoulder. Ryan was transported to Memorial Medical Center where he received a shoulder x-ray, and treatment for minor head lacerations and slight bruising to the groin area.

III. Previous Police and/or Court Contact

<u>Year</u>	<u>Age</u>	<u>Offense</u>	<u>Disposition</u>
2001	16	Assault, 2 nd	Present Offense
****	15	Possession of Explosives	Formal - OHP
****	15	Theft of Weapon	Formal - Supervision
****	14	Forgery	Formal - Supervision
****	14	Stealing	Informal Adjustment
****	13	Underage Drinking	Informal Adjustment

Age at 1st Referral = 13

Age at 1st Referral Risk Score = 0

Prior Number of Referrals = 5

Prior Referral Risk Score = 2

Present or Prior Assault Referrals = 1

Assault Referral Risk Score = 2

IV. Personal Information

Health/Handicaps

John is a medically healthy 16 year old male with no physical handicaps.

Health/Handicaps Needs Score = 0

Parental Responsibility

John has no biological children for whom he is responsible.

Parental Responsibility Needs Score = 0

Behavior Problem

John is assessed with a significant behavior problem defined through his referrals to the court, which includes referrals for weapons and assault related offenses.

Behavior Problems Needs Score = 4

Attitude

John displays a moderate pattern of antisocial thinking demonstrated by his continuing disrespect for the law and his lack of understanding that his law violations yield negative consequences. He frequently blames others for his conduct, in the present case suggesting that the other youth present at the time of the offense were responsible and that law enforcement officials are "always looking for a reason to bust him".

Attitude Needs Score = 1

Interpersonal Skills

John has moderately impaired interpersonal skills manifested in his inability to effectively deal with interpersonal conflict on occasion. His continued association with a delinquent subgroup and failure to terminate his relationships with his current peer group further demonstrates moderate impairment in this area.

Interpersonal Skills Needs Score = 1

Mental Health

John does not have a diagnosed mental disorder.

Mental Health Needs Score = 0

Substance Abuse

John has a moderate substance abuse problem. His parents report they have observed reliable physical evidence (alcohol on breath) that he is intermittently abusing alcohol. It is additionally significant that John has been previously referred to the court for an alcohol-related incident. John denies abusing alcohol.

Substance Abuse Risk & Needs Score =

History of Placement

John has a previous out-of-home placement in the residential treatment center, Northwest Passage, from MM/DD/YYYY to MM/DD/YYYY. He was subsequently transitioned to Prentice House, a less restrictive group home, from MM/DD/YYYY to MM/DD/YYYY. John's initial placement in Northwest Passage was based on behavior that included uncontrollable anger, fighting, and excessive drinking. In both placements he received comprehensive medical, mental health, substance abuse, and educational services. Staff reports indicate that John made satisfactory progress in treatment, acquiring skills in problem resolution and anger management.

History of Placement Risk Score = 1

V. School and Employment**School Behavior**

John has no, or only minor, school behavior problems. John is enrolled in school full-time and is attending regularly. School records indicate that on two occasions John left school early without proper authorization, but was not considered truant, and he has not been expelled or suspended during the school year for any reason.

School Behavior Risk & Needs Score = -1

Learning Disorder (*see DSM-IV diagnoses*)

John has not been diagnosed with a Learning Disorder.

Learning Disorder Needs Score = 0

Academic Performance

John is passing without difficulty. He has only had problems with one history course for which he has failed to complete a required paper. If he completes this assignment and passes his second semester classes, he is on schedule to be a senior the next school year. John is a good student and has maintained a C+ average over the course of the first semester this school year.

Academic Performance Needs Score = 0

Employment

John is employed part-time as a dishwasher at the Rustic Roost Restaurant. He has been employed for seven months and is considered a reliable employee. Although John is attending school full time and doing well in his studies, he also manages to function well in his current employment. Because this helps to structure his time in a positive fashion, this is a mitigating circumstance in his present situation.

Employment Needs Score = N/A

VI. Family Background

Parents: Bob (stepfather) and Samantha J.

Siblings: Jessica, 19; Cara, 8; Kim, 6.

Address: 222 New Haven Ct.

Judicial, MO.

Home Phone: (573) 675-9087

Work Phone: (573) 675-0912(F)

(573) 675-1234(M)

John J. lives with his mother, stepfather, and two siblings, Cara, and Kim at the address above.

Parental Management Style:

Currently, John's parents demonstrate positive parental management by offering adequate structure, support, and supervision. John J's parents received intensive in-home family counseling through Lutheran Social Services from MM/DD/YYYY to MM/DD/YYYY. The family's counselors indicate John J's parents have made significant progress in improving their parenting skills demonstrated through decision making that is less impulsive, and disciplinary practices that incorporate both reward and punishment contingencies that are applied firmly and consistently. Their management style is generally very positive, particularly over the past 12 months.

Parental Management Style Risk & Needs Score = 0

Parental Mental Health:

There is no history of a parental mental health disorder by either parent.

Parental Mental Health Needs Score = 0

Parental Substance Abuse:

There is no parental substance abuse present. John's mother reports her history is significant for alcohol abuse culminating in a serious automobile accident that nearly claimed the life of her and her children. After the accident she stopped drinking and has been abstinent ever since, a period exceeding ten years. John's stepfather also had an extensive period of alcohol and drug abuse and was involved with the court as a result. Court ordered intervention helped him to stop drinking, and he has not consumed alcohol or used drugs for the past two years.

Parental Substance Abuse Needs Score = 0

History of Abuse and Neglect

There is no official record or finding of probable cause documenting evidence of abuse or neglect in the family.

History of Abuse and Neglect Risk & Needs Score = 0

Parental Criminal History

John's stepfather was convicted and sentenced to 90 days in county jail for DUI 2nd.

Parental Criminal History Risk Score = 1

VII. Peers and Social Support**Peer Relationships**

John's peer group has a strong negative influence on his behavior. There is strong indication that John's peer group engages in gang related activities (carrying weapons, pattern of substance abuse), and have had frequent court contacts. Further, counselors at the Northwest Passage residential treatment center advised John's parents that his peer group presented major risks to his safety and wellbeing.

Peer Relationships Risk & Needs Score = 2

Social Support

John's has a strong and stable social support system. He resides in a middle class neighborhood with families who demonstrate pro-social attitudes and the capacity to exert positive influences. Additionally, John's history teacher has taken a special interest in his success and is working with John to keep him on track. John's employer has also demonstrated a commitment to John's future and has indicated an interest in his continuing employment.

Social Support Needs Score = 0

VIII. MO Juvenile Offender Risk/Needs Assessment and Classification Results (*See Risk Assessment Report Attached*)

The Missouri Offender *Risk Scale* assesses clients in terms of ten risk factors that research indicates are related to recidivism.

John J's total *Risk Score* = 8. Relative to lower scoring clients, John is at *High Risk* for recidivating.

The Missouri Juvenile Offender *Needs Scale* identifies the specific treatment needs of the youthful offender, as well as the youth's assets.

John J's *Needs Score* = 8. Salient needs identified by this assessment include John's behavior problem, generally uncooperative attitude, impaired interpersonal skills, potential for substance abuse, and strong negative peer influence.

John's strengths include his ability to perform in the classroom and at his place of employment. In addition, John's parents have taken a strong interest in their son over the past 12 months.

The Missouri Juvenile Offender *Classification Matrix* recommends the following sanctions be considered in cases that are High Risk, Class C Felonies:

Restitution
Community Service
Court Fees
Supervision

Day Treatment
Intensive Supervision
Court Residential Placement
Commitment to DYS

VIV. Evaluation

John J. is a 16 year old male before the court on charges of felony assault. The Juvenile Court has adjudicated him on two prior occasions, once for Theft of a Weapon, the other for Burglary. He received Informal Adjustments on two other occasions for Underage Drinking and Burglary.

John J's assets as identified by the *MO Juvenile Offender Needs Scale* include the ability to perform well academically, good physical health and mental stability, a demonstrated ability to maintain employment, and parents that are committed to the welfare of the juvenile.

Liabilities in John J's case include an increasing level of severity of the cases for which he has been referred to the Court, a **High Risk** for recidivism as measured by the *MO Juvenile Offender Risk Scale*, the nature of the present case, John's uncooperative attitude, limited role models outside his immediate family, impaired interpersonal skills, and strong negative peer influence that includes gang related activities.

X. Recommendation

Based on this evaluation, it is respectfully recommended that when John J. appears in Court on Sept 7, 1999, at 9:00 am, in Division V, he be placed in the custody and supervision of the Juvenile Officer for placement with his mother and stepfather, Samantha and Bob J., under the following conditions:

The juvenile is to meet with his supervising Deputy Juvenile Officer in the Intensive Supervision Program and attend all programs deemed appropriate by Officer.

The juvenile is to attend the Juvenile Officer's Cognitive Solutions Program for interpersonal skill development and social cognitive problem solving.

The juvenile is to attend school daily unless excused by physician.

The juvenile is to abide by a curfew established by his parents and the Deputy Juvenile Officer.

The juvenile is to refrain from associating with Rico, Jeremy, Garth, and Curt.

Alternative Recommendation

Commitment to the Division of Youth Services

Risk Factors**Needs Factors**

Age at 1 st Referral Risk Score = 0 (13)	Health/Handicap Needs Score = 0
Prior Referral Risk Score = 2 (5)	Juv's Parental Responsibility Needs Score = 0
Assault Referral Risk Score = 2 (1)	Substance Abuse Needs Score = 1
Substance Abuse Risk Score = 1	Behavior Problem Needs Score = 4
History of Placement Risk Score = 1	Attitude Needs Score = 1
School Behavior Risk Score = -1	Interpersonal Skills Needs Score = 1
Parental Management Style = 0	Mental Health Needs Score = 0
History of Abuse and Neglect Risk Score = 0	School Behavior Needs Score = -1
Parental Criminal History Risk Score = 1	Learning Disorder Needs Score = 0
Peer Relationships = 2	Academic Performance Needs Score = 0
	Employment Needs Score = N/A
	Parental Management Needs Style = 0
	Parental Mental Health Needs Score = 0
	Parental Substance Abuse Needs Score = 0
	History of Abuse and Neglect Needs Score = 0
	Peer Relationships Needs Score = 2
Total Risk Score = 8	Total Needs Score = 8

**IN THE CIRCUIT COURT
STATE OF MISSOURI
FAMILY COURT - JUVENILE DIVISION**

SOCIAL INVESTIGATION SUMMARY

IN THE INTEREST OF:

DATE OF REPORT:

JOHN

2001

I. REASON FOR HEARING

Present Offense: On April 1, 2001 OSCA county deputy sheriff, G., charged John J. with a felony offense of Assault 2nd, Class C.

II. PREVIOUS POLICE AND/OR COURT HISTORY

John has five previous referrals to the court. He was 13 at the time of his first referral. This is his first assault related offense.

III. PERSONAL HISTORY

Health/Handicaps: John is a healthy 16 year old male with no physical handicaps.

Juvenile's Parental Responsibility: John has no biological children for whom he is responsible.

Behavior Problems: John displays the characteristics of a severe behavior problem.

Attitude: John demonstrates an uncooperative and defensive attitude.

Interpersonal Skills: John has moderately impaired interpersonal skills.

Mental Health: John does not have a diagnosed mental disorder.

Substance Abuse: John has a moderate substance abuse problem.

History of Placement: John has a previous out-of-home placement in a residential treatment center, Northwest Passage.

IV. School and Employment

School Behavior: John has no or only minor school behavior problems.

Learning Disorder: John does not have a diagnosed learning disorder.

Academic Performance: John is passing without difficulty.

Employment: John is employed part-time at restaurant.

V. FAMILY - John J. lives with his mother, stepfather, and two siblings.

Parental Management Style: John's parents demonstrate positive parental management.

Parental Mental Health: There is no parental history of a mental health disorder.

Parental Substance Abuse: There is no parental substance abuse present.

History of Child Abuse or Neglect: There is no official record indicating a history of child abuse or neglect in the family.

Parents' Criminal History: John's stepfather served a 90-day sentence in county jail for felony DUI.

VI. PEERS AND SOCIAL SUPPORT

Peer Relationships: John's peer group exerts a strong negative influence on his behavior.

Social Support: John's social support system is limited but has one positive influence in his employer.

VII. MO JUVENILE OFFENDER RISK/NEEDS ASSESSMENT AND CLASSIFICATION

John J's total *Risk Score* = 8. Relative to lower scoring clients, John is at *High Risk* for recidivating.

John J's *Needs Score* = 8. Salient needs identified by this assessment include behavior problems, impaired interpersonal skills, the potential for substance abuse, and strong negative peer associations.

The Missouri Juvenile Offender *Classification Matrix* recommends the following sanctions be considered in cases that are High Risk, Class C Felonies:

Restitution	Day Treatment
Community Service	Intensive Supervision
Court Fees	Court Residential Placement
Supervision	Commitment to DYS

VIII. Evaluation

John J. is a 16 year old male before the court on charges of felony assault. The Juvenile Court has adjudicated him on two prior occasions, once for Theft of a Weapon, the other for Burglary. He received Informal Adjustments on two other occasions for Underage Drinking and Burglary.

John J's assets as identified by the *MO Juvenile Offender Needs Scale* include the ability to perform well academically, good physical health and mental stability, a demonstrated ability to maintain employment, and parents that are committed to the welfare of the juvenile.

Liabilities in John J's case include an increasing level of severity of the cases for which he is referred to the Court, a **High Risk** for recidivism as measured by the *MO Juvenile Offender Risk Scale*, the nature of the present case, evidence of some substance abuse, limited role models outside of family, interpersonal skill deficits, and a strong negative peer influence that includes gang related activities.

VIV. Recommendation and Plan

Based on this evaluation, it is respectfully recommended that when John J. appears in Court on Sept 7, 1999, at 9:00 am, in Division V, he be placed in the custody and supervision of the Juvenile Officer for placement with his mother and stepfather, Samantha and Bob J., under the following conditions:

The juvenile is to meet with his supervising Deputy Juvenile Officer in the Intensive Supervision Program and attend all programs deemed appropriate by Officer.

The juvenile is to attend the Juvenile Officer's Cognitive Solutions Program for interpersonal skill development and social cognitive problem solving.

The juvenile is to attend school daily unless excused by physician.

The juvenile is to abide by a curfew established by his parents and the Deputy Juvenile Officer.

The juvenile is to refrain from associating with Rico, Jeremy, Garth, and Curt.

Risk Factors**Needs Factors**

Age at 1 st Referral Risk Score = 0 (13)	Health/Handicap Needs Score = 0
Prior Referral Risk Score = 2 (5)	Juv's Parental Responsibility Needs Score = 0
Assault Referral Risk Score = 2 (1)	Substance Abuse Needs Score = 1
Substance Abuse Risk Score = 1	Behavior Problem Needs Score = 4
History of Placement Risk Score = 1	Attitude Needs Score = 1
School Behavior Risk Score = -1	Interpersonal Skills Needs Score = 1
Parental Management Style = 0	Mental Health Needs Score = 0
History of Abuse and Neglect Risk Score = 0	School Behavior Needs Score = -1
Parental Criminal History Risk Score = 1	Learning Disorder Needs Score = 0
Peer Relationships = 2	Academic Performance Needs Score = 0
	Employment Needs Score = N/A
	Parental Management Needs Style = 0
	Parental Mental Health Needs Score = 0
	Parental Substance Abuse Needs Score = 0
	History of Abuse and Neglect Needs Score = 0
	Peer Relationships Needs Score = 2
Total Risk Score = 8	Total Needs Score = 8

**IN THE CIRCUIT COURT OF THE
STATE OF MISSOURI
FAMILY COURT - JUVENILE DIVISION
THE HONORABLE JUDGE**

SOCIAL INVESTIGATION

IN THE INTEREST OF:

DATE OF REPORT:

BIRTHDATE:

CASE NUMBER:

CAUSE NO.:

DATE OF HEARING:

DEPUTY JUVENILE OFFICER:

I. REASON FOR HEARING

Present Offense:

Offender Statement:

II. COLLATERAL CONTACT

Victim Statement:

III. PREVIOUS POLICE AND/OR COURT HISTORY

<u>Date</u>	<u>Age</u>	<u>Offense</u>	<u>Disposition</u>
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Age at 1st Referral =
Prior Number of Referrals =
Prior Assault Referrals =

Age at 1st Referral Risk Score =
Prior Referral Risk Score =
Assault Referral Risk Score =

IV. PERSONAL HISTORY

Health/Handicaps:

Health/Handicaps Needs Score =

Juvenile's Parental Responsibility:

Parental Responsibility Needs Score =

Behavior Problems:

Behavior Problems Needs Score =

Attitude:

Attitude Needs Score =

Interpersonal Skills:

Interpersonal Skills Needs Score =

Mental Health:

Mental Health Needs Score =

Substance Abuse:

Substance Abuse Risk Score =
Substance Abuse Needs Score =

History of Placement:

History of Placement Risk Score =

V. SCHOOL/VOCATIONAL

School Behavior:

School Behavior Risk Score =
School Behavior Needs Score =

Learning Disorder:

Learning Disorder Needs Score =

Academic Performance:

Academic Performance Needs Score =

Employment:

Employment Needs Score =

VI. FAMILY.

Parents:
Siblings:
Address:

Home Phone:
Work Phone:

Parental Management Style:

Parental Management Style Risk Score =
Parental Management Style Needs Score =

Parental Mental Health:

Parental Mental Health Needs Score =

Parental Substance Abuse:

Parental Substance Abuse Needs Score =

History of Child Abuse or Neglect:

History of Child Abuse or Neglect Risk Score =
History of Child Abuse or Neglect Needs Score =

Parents' Criminal History:

Parents' Criminal History Risk Score =

VII. PEERS/SOCIAL SUPPORT

Peer Relationships:

Peer Relationships Risk Score =
Peer Relationships Needs Score =

Social Support:

Social Support Needs Score =

**VIII. MO JUVENILE OFFENDER RISK/NEEDS ASSESSMENT AND
CLASSIFICATION REPORT** *(See Risk Assessment Report Attached)*

The Missouri Offender *Risk Scale* assesses clients in terms of ten risk factors that research indicates are related to recidivism.

The Missouri Juvenile Offender *Needs Scale* identifies specific psychosocial treatment needs of the juvenile offender.

The Missouri Juvenile Offender *Classification Matrix* recommends the following sanctions be considered in cases that are High Risk, Class C Felonies:

VIV. EVALUATION

X. RECOMMENDATION AND PLAN

ALTERNATIVE RECOMMENDATION